

VENEREAL DISEASES IN THE SOVIET UNION \*

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**Introduction**

The Anglo-Soviet Medical Council is an extremely respectable medical body under the presidency of Sir Alfred Webb-Johnson, P.R.C.S., and the enthusiastic secretaryship of Dr. Elizabeth Bunbury. The inspiration for its formation came from the profound admiration felt in medical circles in this country for Russia's magnificent war effort, from the desire to pass on to her such lessons as we had learned from war medicine and surgery, and from the wish to receive in turn information of her medical advances. Help has been given in many ways, including advice and assistance in the purchase of medical equipment and the sending of two volumes of specially written articles on all aspects of war medicine and surgery. On the Council are represented all branches of Medicine and Surgery, and I owe the honour of addressing you today to my privilege of representing Public Health. What I have to say is lessened in value because I have not personally visited Russia. It is fortified, on the other hand, because the Anglo-Soviet Medical Council has had the benefit of special cables dealing with the subject. One such cable is from Professor Nicolai Semashko. Other sources of information are a special communication from Professor Sarkisoy, Sigerist's classical book, *Socialised Medicine in the Soviet Union*, and Professor Proper-Graschenkof's authoritative work, *Public Health Protection in the U.S.S.R.*

**Administrative organization**

Russia occupies some 8,000,000 square miles of territory with unlimited natural resources. Of this only one-fifth is in Europe, but some three-quarters of the 180,000,000 inhabitants live in the European part. Urbanization has increased tremendously with the industrialization which followed the Revolution. Thus in 1914 there were only sixteen cities with a population of over 100,000, whereas in 1935 the number with that population had increased four-fold to sixty-five. Moscow in 1914 had a population of 1.6 millions, in 1935 of 4 millions.

This truly colossal country consists of largely self-governing republics, which contain 180 nationalities speaking 150 languages or dialects. A very brief account of its administrative organization may be helpful. The smallest unit is the village or city. These with the surrounding country district are aggregated into units called *rayons*, which in turn are organized into larger administrative districts called *krais* (territories) or *oblasts* (regions). One interesting feature is the autonomous republic which is self governing and consists of national minorities in certain regions. The *krais* or *oblasts* and any autonomous republics aggregate to form the Soviet Republics of which there are thirteen, which in turn unite to form the Union of Socialist Soviet Republics.

Government is on a uniform pattern but as regards its organs is very complex to the outsider. Each village, city, *rayon*, *krai* and republic has its Soviet, elected at the lowest levels for two-year terms and at the republic level for four-year terms. Thus there are no less than 70,000 village, 1,000 city and 3,000 *rayon* soviet councils, all directly elected. Each in turn elects an executive committee consisting of chairman, vice-chairman, secretary and members. The highest organ of state power is the Supreme Council of the U.S.S.R., which has exclusive legislative power and is directly elected. There are two chambers, one called the Council of the Union with one deputy to each 300,000 population, and the second called the Council of Nationalities elected on a nationality basis by republic, autonomous republic and so on downwards. Both chambers have equal rights and laws must pass both. The Supreme Council elects the Praesidium which in turn

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elects the government of the U.S.S.R. (the Council of People's Commissars), interprets laws and has certain rights of veto over the decisions of the commissars of the individual republics.

Health in the Soviet Union is regarded as a matter of primary importance and strong efforts are made to enlist the active interest of every citizen. Thus the village and city soviets supervise the hospitals maintained on their budget, organize sanitary inspection, combat venereal disease and appoint trustees to insane persons. The *rayons* or districts have certain statutory committees of which that concerned with public health is one. At *krai* and republican level there are also health departments, the latter under the People's Commissariat for Public Health which controls the entire health work of the republic, including medical education, medical research and medical industries. A similar commissariat functions for the whole of the U.S.S.R. At the head of the Commissariat is the People's Commissar of Health, who has working under him a large and highly specialized medical staff. He is also assisted by two bodies: (1) the Collegium to advise on administration; to this is attached the Planning Commission which (like an army general staff) works out details of all campaigns under consideration; (2) the Scientific Medical Council, which advises on scientific matters and is made up of the heads of state research and clinical institutes.

The Commissariat of Health is itself divided into a large number of administrative departments, further sub-divided into bureaux. Thus the Bureau of Foreign Information observes medical developments in other countries, appoints delegates to international congresses, arranges foreign study for young scientists and invites foreign scientists to Russian conferences.

The health field thus exemplifies in practice Lenin's motto of "centralized direction and decentralized activity". So far does this decentralized activity go, that large cities are sub-divided into *rayons*—Moscow has ten and Leningrad eight—each with its own Soviet, own health department and own medical facilities, preventive and curative.

### Medical organization and education

A brief account of Russian medical education, in which many experiments have been made, will help in our consideration of the venereal disease organization. There are two types of doctor—the "full" physician and the *feldsher* (literally field barber). The latter has a medical course of three years' duration. The crying demand for doctors has prevented the abolition of *feldshers*, which will no doubt take place as soon as circumstances permit. In the meantime there are many thousands of them, of both sexes, and thousands more are being trained. Their duties are to assist physicians, carry out minor surgery, perform vaccination and assist in dealing with epidemics.

The "full" physician after a general educational course of ten years—education in Russia normally begins at the age of seven or eight, although there are some millions of nurseries and kindergartens—has a medical course of five years' duration, in which more emphasis is placed on demonstrations, practical work and the seminar form of teaching than on formal theoretical lectures. The course is in one of three faculties—therapy and prophylaxis, hygiene and the protection of mother and child—although the syllabus in all three is very similar until the final year, which is specialized. There are now 120,000 doctors, all state-employed, and the shortage is still acute. Private practice has never been forbidden but, as might be expected, the demand for it is now non-existent. Young graduates are sent to work for three years in rural areas, self-selected as far as possible. The best students, however, are usually sent to the most distant regions where the need is most acute. They receive as compensation better pay and better holidays. For these three years they work as assistants to experienced physicians. After that time they may choose to stay on, to return to the cities and work in a medical centre, or to enter a hospital and to specialize.

Brilliant students who show an aptitude for research may become research fellows on the recommendation of the professors. They work in this capacity

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for three years of which the first three months are on probation. During this time they are given specialized instruction in their chosen subject, are taught research methods and do some independent work. After this period they may apply for a position on the staff of a research institute and later for an academic post.

The thirteen medical schools of 1913 had increased to thirty in 1924, to forty-four in 1933 and to more than sixty in 1936. The students now number 80,000, of whom, owing to the prior claims of engineering and industry which large-scale industrialization made on men, 75 per cent are women. The importance of Medicine is now illustrated by the granting of the same rates of pay to doctors as to engineers, who for many years represented the most important and best paid profession in the Soviet Union.

Great importance is attached in Russia to postgraduate medical education. Doctors attend by invitation a three to four months' course every three years. Board, lodging, travelling and text-book expenses are paid by the State, as well as full salary. Shorter intensive courses of ten days or so are also held in various specialities.

### Venereal disease organization

After this lengthy introduction we can now turn to our particular subject of the venereal diseases. These were widespread in Tsarist Russia: 30 per cent of the Yakut population were infected with syphilis; in Moscow the incidence

TABLE 1—VENEREAL DISEASES DISPENSARIES IN TOWNS AND VILLAGES IN THE U.S.S.R

U.S.S.R. AND UNION REPUBLICS	1913	1928	1932	1938	1941
U.S.S.R. (Total) .. .. .	12	800	683	1,351	1,498
R.S.F.S.R.* .. .. .	11	509	412	728	826
Ukranian S.S.R. .. .. .	1	206	146	282	295
Azer Baijan S.S.R. .. .. .	—	10	12	20	21
Byelorussian S.S.R. .. .. .	—	14	15	40	38
Georgian S.S.R. .. .. .	—	14	16	46	32
Turkmen S.S.R. .. .. .	—	6	6	17	21
Armenian S.S.R. .. .. .	—	2	2	2	2
Uzbek S.S.R. .. .. .	—	14	36	98	121
Tadzhik S.S.R. .. .. .	—	—	2	8	9
Kazakh S.R. .. .. .	—	15	24	75	64
Kirghiz S.S.R. .. .. .	—	8	10	26	46
Karelo S.S.R. .. .. .	—	—	1	4	5
Moldav S.S.R. .. .. .	—	3	1	5	6

\* The R.S.F.S.R. is a federation of autonomous republics and autonomous provinces (*krais*).

of venereal disease in 1914 was estimated as 338 per 10,000 of the population; the estimate for the country as a whole in 1913 (according to Professor Sysin) is 76.8 cases of syphilis per 10,000 of the population. Extra-genital syphilis—custom syphilis—from the kissing of ikons, feeding babies on chewed bread, smoking communal water-pipes and so forth, was not uncommon. The Soviet Government immediately began a campaign under the leadership of Professor Bronner to combat the diseases. A special Bureau for Venereal Diseases of the People's Commissariat of Public Health was established in 1918 and in 1919 the Bronner Institute for Skin and Venereal Diseases was established in Moscow. This had 440 beds as well as the usual research laboratory and out-patient facilities and has under its aegis in the city twelve smaller institutes and thirty dispensaries. In its first fifteen years 2,800 doctors attended post-graduate courses varying in

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length from ten days to four months. A journal of dermatology and venereology is published monthly.

The organization for combating venereal disease is based on the dispensary, smaller areas having venereal stations with smaller staffs and simpler equipment; still more rural areas are dealt with by means of mobile units or flying squads, who will examine and treat as needed the whole population of a district. The growth of the venereal diseases dispensary system is shown in Table 1.

The medical officer in charge of a venereal diseases dispensary is appointed by the health department. His function is to keep the scientific work of the dispensary up to date, to keep strict control and registration of all possible sources of infection

TABLE 2—NUMBER OF PATIENTS OF ANTI-VENEREOLOGICAL DISPENSARIES IN MOSCOW  
INFECTED BY PROSTITUTES

YEAR	TOTAL PATIENTS PER 10,000 OF THE POPULATION	NUMBER INFECTED BY PROSTITUTES	PERCENTAGE OF TOTAL INFECTED BY PROSTITUTES	PERCENTAGE COMPARED WITH 1914
1914	388.7	221	56.9	100
1925	190.0	60	31.7	27.1
1927	132.0	35	26.2	15.0
1934	75.1	9	12.0	4.0

(including parasitic diseases of the skin) and to examine wherever possible all contacts in schools, collective farms and so forth, sending his assistants if necessary into the field for this purpose. Dispensary staff is calculated on a basis of 0.6-0.8 visits per inhabitant served per year, and must consist of at least two medical officers, two *feldshers*, one female health visitor, one clerk and two female orderlies. (Dispensaries have the usual facilities for dealing with syphilis and gonorrhoea, including separate premises and separate sessions for women and children.) A further function of the dispensary is the organization of conferences for workers. Lectures, films and poster exhibitions and courses in sex hygiene are run in the factories and elsewhere, all designed to inculcate both a high standard of sexual morality and a rational attitude to venereal disease. Very close touch is maintained with the maternity and child welfare clinics. Each dispensary has, or has access to, a special laboratory for bacteriological and serological work. Blood for Wassermann reactions is taken as a routine at antenatal clinics and examined at these special laboratories. The scientific aspect of dispensary work is guided by rules and instructions issued by the State Institute of Venereal Disease—more centralized direction and decentralized activity!

The psychological side of dispensary treatment has not been neglected. On the first visit each patient is given a number, as in our system, and no further use of names is necessary. Everything possible is done to put the patient at his ease and to gain his confidence. Subsequent visits are by appointment, the dispensary being open from early morning until late at night to facilitate treatment visits. It seems to be routine practice to treat patients in hospital in the infectious stage, full sick benefit being payable. Defaulters are visited by a nurse, who enquires into the reason for ceasing attendance, points out the possible serious consequences and encourages return.

Venereal disease was nominally registrable (notifiable) in Tsarist days, but the absence of facilities for treatment nullified any possible good effects which might have resulted. Decrees passed in 1927 and 1929 gave added powers of compulsory, and if necessary repeated, medical examination of anyone who could reasonably be suspected of suffering from venereal disease in an infectious phase. Compulsion may be used to secure treatment, and for wilfully and knowingly exposing to infection or infecting another person there are penalties of from six months' to three years' imprisonment. In practice it is not necessary to make much use of compulsory powers, but they are occasionally invoked in the case of persons diagnosed (in the course of routine work at hospitals) as suffering from

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venereal disease, school pupils, domestic workers and wet nurses, persons living or working in circumstances making them a danger to others and of pregnant women, diagnosed at maternity and child welfare clinics.

Patients are encouraged to bring along for examination the persons from whom they contracted the infection and also members of their family ; from 50 to 60 per cent of contacts are traced. Great importance is attached to this work and, as the figures indicate, a considerable measure of success is being achieved.

### Venereal disease and prostitution

The Russians regarded prostitution as being due primarily to economic causes and dealt with it accordingly. The two most important factors in reducing it have been the improved status of women and the raising of the general economic

TABLE 3—REDUCTION IN INCIDENCE OF VENEREAL DISEASE

PRIMARY SYPHILIS PER 10,000 OF THE POPULATION	YEAR	TOWN	COUNTRY
	1913	25.7	2.66
	1935	1.8	0.62

  

FIRST MOSCOW DERMATO-VENEREOLOGICAL DISPENSARY: CASES PER 10,000 OF THE POPULATION										1923	1932
Syphilis :											
All forms	..	..	..	..	..	..	..	..	..	62.4	34.8
Infective Stage	..	..	..	..	..	..	..	..	..	24.3	4.6
Gonorrhoea :											
Acute	..	..	..	..	..	..	..	..	..	61.3	43.1
Chronic	..	..	..	..	..	..	..	..	..	52.7	3.0

level. The latter factor has acted in two ways : first by making early marriage the general rule, and secondly, since unemployment ceased in 1930, by making it possible for all women to earn a living in industry or similar work.

When prostitution was a large-scale problem a network of "prophylactoria" was established, with the aim of re-educating prostitutes so that they could take their part in the industrial life of the country. Entry into and stay in these institutions was voluntary, although the authorities retained the right to expel women who refused to conform to the (very reasonable) regulations. Those who needed treatment for venereal disease received it. Taking Moscow as an example, nearly 4,000 women passed through the prophylactoria from 1927 to 1936, of whom nearly 90 per cent were infected. Of this total, nearly 90 per cent have since earned their living in industry, of whom 41 per cent are "shock workers", that is to say, highly qualified.

It is estimated that there were between 25,000 and 30,000 prostitutes in Moscow in pre-revolution days and about the same number in Leningrad. Careful surveys in Moscow in 1928 and in 1930 gave the numbers as 3,000 and 800, respectively. This great reduction has led to the closing of most of the "prophylactoria", those still remaining open being mainly faced with the problem that the women who remain in them are mostly psychopaths or feeble-minded.

Table 2 shows the effects of the campaign against prostitution on venereal infection.

### General results of the campaign

There is ample evidence in other fields today that Russia does things, as befits a big country, both thoroughly and on a large scale. The anti-venereal-disease campaign has already achieved striking results, as the following figures show. (See Table 3.)

It is estimated that in the thirty largest cities primary cases of syphilis decreased by 25.7 per cent in 1939 as compared with 1938. In Moscow primary syphilis is

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becoming such a rarity that medical schools experience considerable difficulty in finding cases for demonstration purposes.

One final independent testimony, although at third hand, is worth noting. Dyson Carter, in *Russia's Secret Weapon*, quotes Quentin Reynolds's report that Commander Norman, a member of the Harriman Mission and health officer with the American Embassy, made this statement: "The Red Army and the Air Force are virtually free from venereal disease. You can't say that about any other army in the world. As a doctor that impresses me."

### DISCUSSION

Brig. T. E. Osmond (the President) said that he had had no idea that Russia had achieved such extraordinary results in her venereal diseases campaign, although he had received some information when he met a Colonel in the Red Army who assured him that venereal disease was not a problem in the Russian Army.

Were all the medical officers salaried and if so what sort of pay did they receive? How high did they stand in the social scale from the financial point of view? The Russian idea of post-graduate teaching should certainly be a lesson for this country. He liked the idea of mobile units. It had been proposed that mobile units should be formed in Great Britain but the suggestion had been turned down. He had also proposed them for the Army, but they were found not to be practicable. He hoped they would come and would solve the problem of the rural areas.

Dr. Scott replied that he went into the question of pay very carefully but there was absolutely not a basis of comparison. All the essentials of life were provided by the State at a low cost and it was only on luxuries that money was spent. There was therefore no basis of comparison between what the Russian worker in any sphere received and what the worker in a capitalist country received. The highest paid workers in Russia quite properly were those in leper institutions, who received in actual cash something like 900 roubles a month, which was about £45 per month in English money. The whole basis of values was essentially different; private enterprise was completely abolished, there was no such thing as interest, savings could be accumulated but interest was not paid. He gathered that the Russians did not claim that they were as yet a communist state, but that they were definitely and decidedly a socialist state and that they were on the way to communism.

Some of the analogies with the "White Paper" were particularly striking, and the parallels between the Russian system and the proposals put forward by Sir William Beveridge for social security organization were even more striking. It was interesting that it had been able to stand the shock of Hitler getting the best part of Russia and the Russians being able to hit back at him as they had done. However totalitarian the institutions were, he gathered that the U.S.S.R. was a very rare and genuine democracy. When the Moscow Soviet was being elected no less than 100,000 resolutions were passed by the people who were doing the electing. They could talk as much as they liked and it influenced the Government. People were encouraged to talk, but once marching orders were issued they had to be obeyed.

Dr. Shanson asked whether or not the arsenicals and sulphonamides were used.

Dr. Scott replied that as far as he knew they were used. The Russians were making their own arsenicals and sulphonamides just as we were. They had a preparation about which we did not seem to know very much, a combination of glucose with sulphonamide which they called *gluco-streptocide*, with almost twice the weight of sulphonamide. Glucose had an almost similar molecular weight to sulphonamide. They were using the preparation in the treatment of the soft chancres; otherwise they were working on much the same lines as in Great Britain in syphilis and in gonorrhoea. They were claiming that they could do the Wassermann test with the use of human serum for the complement test.

Lt.-col. D. J. Campbell said that in order to produce such a large decrease in the incidence of venereal disease in a country which had been looked upon as almost illiterate, there must have been a tremendous propaganda campaign. Could Dr. Scott say anything about the way in which it was carried out, because this was one of the greatest problems?

Dr. Scott replied that one could almost say that communism meant propaganda. Inside the factories, the largest of which employed from 40,000 to 50,000 workers, they had wall newspapers, clubs, posters and cinemas. Once the People's Commissar of Public Health made up his mind that a certain line was to be followed the word passed down the whole chain and to the various officials connected with the administration departments. One of the things they were short of was permanent officials, and a tremendous amount of work was still done voluntarily by the people elected to the Soviets and by ordinary citizens. It was a regular custom in Moscow for thousands to give up their free afternoon to go and do the work done in this country by paid officials. The Communist Party gave the lead and, if there was a problem, in every single administration unit in every single Communist cell it was dealt with. In the factories there were medical departments which in many cases were better than our hospitals, and any health work necessary could be undertaken.